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## REGULATIONS OF THE BRITISH BOARD OF EDUCATION FOR PROMOTING THE HEALTHY PHYSICAL AND MENTAL DEVELOPMENT OF CHILDREN.

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The creation of a Ministry of Health and the reorganization of all public health activities and their unification under a central administrative control brought about a change in the relationship of the British school medical service to that of the national health administration. However, under the terms of the act, the board of education still remains the responsible agent for receiving and approving schemes of local education authorities and for the payment of grants in respect to such schemes.

The Education Act of 1918 and the Ministry of Health Act of 1919 both emphasize the fact that all measures for promoting the healthy physical and mental development of children, to be efficient, must be closely coordinated and developed under a common policy.

Acting under the power to approve schemes of local education authorities and to make payment of grants in respect to such schemes, the board of education promulgated, under date March 11, 1920, regulations relating to the special service of elementary education (other than nursery schools) for promoting the healthy physical and mental development of children. These regulations should be of interest to the health and education authorities of this country, and for this reason there are given here abstracts of the regulations regarding—

- (a) Medical inspection and treatment of children attending public elementary schools;
- (b) Provision of meals;
- (c) Schools for blind, deaf, defective, and epileptic children;
- (d) Organization and supervision of physical training in public elementary schools; and
- (e) Evening play centers.

In administering the regulations, due regard is to be paid to any local difficulties which may arise in the immediate fulfillment of any new conditions. The scheme, prepared in accordance with the provisions of the Education Act, will necessarily be somewhat in the nature of a program of development over a period of years, and will, as a rule, contain little in the way of elaboration of detail. Hence, the board of education requires an annual statement showing how much of the scheme is expected to be brought into effective operation in the ensuing 12 months. The board is thus informed of the work that is actually being done and is able to consider its

adequacy and efficiency for the purposes of the grant for elementary education.

Provision is made for the appointment of a school medical officer, who shall not only have the medical supervision of the children but shall also have definite duties in regard to provision of meals, to physical training, and other matters affecting their healthy physical and mental development. Since the Education Act provides for the medical inspection of children in secondary schools, continuation schools, etc., and empowers the local education authority to provide for their treatment, the medical record of a child leaving the elementary school to enter a school not under the same authority must follow the child to the authorities of the new school. Particulars of any proposal to provide school clinics and feeding centers must be submitted to the board.

#### SPECIAL SCHOOLS.

Provision is made for the admission of children to special schools at a minimum age of 2, and the payment of grant on account of those between 2 and 5 at the same rates as for older children. The provision made at the schools for these children must be suited to their age and special circumstances. The children in the special schools are to have not only medical inspection but also appropriate medical supervision and treatment. In boarding schools, the satisfactory working of the domestic arrangements will be considered in determining the efficiency of the staff. The appointment of a superintendent or responsible matron must be approved by the board.

Besides the school medical officer in charge of the work, such other medical officers, nurses, or other persons shall be appointed as may be necessary to carry out the proposed plans efficiently.

#### MEDICAL INSPECTION AND TREATMENT IN SCHOOLS.

1. The inspection of (a) all children admitted to schools in the year ending March 31, (b) all children between 8 and 9 years of age, and (c) all children between 12 and 13 years of age, together with children over 13 years of age, who have not been examined on reaching the age of 12.

2. Ascertaining those children, whether in attendance at school or not, who are blind, deaf, physically defective, or epileptic within the meaning of the Elementary Education Act.

3. (a) Ascertaining those children who are mentally defective within the meaning of the Elementary Education Act or the Mental Deficiency Act.

(b) Ascertaining which of such children are, or are not, incapable, by reason of mental defect, of receiving benefit from, or further benefit from, instruction in special schools.

(c) Notifying the proper authority of the names and addresses of mentally defective children.

4. Follow-up work.

5. The detection and prevention of uncleanness.

6. Medical treatment of cases requiring it, particularly defects of vision and teeth, minor ailments, and enlarged tonsils and adenoids.

7. No general domiciliary service or treatment of children by medical practitioners shall be established. In making arrangements for the treatment of children, consideration shall be given to their ability to avail themselves of the services of private medical practitioners.

8. Any school clinic must be open at all times to the board's inspectors.

#### PROVISION OF MEALS.

In providing meals for children attending public elementary schools due regard must be had to—

(1) The proper selection of children for admission to the meals;

(2) The sufficiency and suitability of the dietary;

(3) The accommodation and equipment, and the arrangements for the service and supervision of the meals; and

(4) The recording of the effect of the meals on the physical and mental condition of the children.

#### SPECIAL SCHOOLS FOR BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

*Certification.*—Schools may be certified by the board as "Day Schools," "Boarding Schools," or "Homes." The last named are simply institutions where defective children live while being taught in certified schools. The certificates for these schools expire annually and are renewable from year to year.

*Admission.*—No child may be admitted to these schools who is not 2 years of age and who has not been proved, by means of a medical examination, to have the defect or defects constituting eligibility. No child may be retained who is proved to be mentally and physically fit to attend an ordinary school, or who is proved to be incapable of profiting by instruction in a special school, or who can not be instructed without detriment to the interests of other children in the school. No child may be retained after the end of the term in which he completes 16 years of age, except with the special consent of the board. When a child is discharged from a special school on the ground that he is no longer mentally defective, the authorities shall return to the parent of the child any certificates certifying that the child was mentally defective.

These special schools must be kept on a level of efficiency satisfactory to the board. The education given should, as far as practicable, include the branches of instruction specified as suitable to the type of school in question.

*Staff.*—The school must have an adequate and suitable staff who must possess the qualifications necessary for their class of service. The teaching staff will not, as a rule, be regarded as sufficient unless there is at least one whole-time teacher for—

(1) Every 15 children in average attendance at a school for the blind;

(2) Every 10 children in average attendance at a school for the deaf;

(3) Every 20 children in average attendance at a school for defective or epileptic children, provided that (a) each whole-time teacher after the first two may be regarded as sufficient for an average attendance of 25 children and (b) a whole-time teacher of special subjects will not be regarded as sufficient for an average attendance of more than 15 children.

*School building requirements.*—The buildings must be healthful; safe in case of fire; must have suitable and sufficient sanitary and cloakroom accommodations for pupils and members of the staff; must be adequately lighted, warmed, ventilated, cleaned, and drained; must be kept in proper repair; and must be sufficient and convenient for the pupils, as well as adequately and suitably equipped with the apparatus requisite for the curriculum.

*Medical examination.*—The medical examinations of children in a special school should be made by a physician having special experience in the particular defect of the children in that school.

Every child in a school for defective or epileptic children must be examined by a physician approved by the board at least once a year in order to ascertain whether he is to be retained in such a school. The parent of a child may claim such an examination of his child every six months. In addition, provision must be made for the medical inspection of the general physical condition of the children from time to time, and also for their medical supervision and treatment. When the school is provided by a local education authority, the medical inspection, examination, and treatment should be conducted by the regular school medical officer or under his supervision. If the closure of the school or the exclusion of certain children for a time be required by the health or sanitary authorities, with a view to preventing the spread of disease or because of any danger to health, the requirement must at once be complied with.

In a report on special schools, particulars must be given of the aftercareers of children who have left.

## PHYSICAL TRAINING.

The training and experience of the director ("organizer") of physical training, as well as the character and efficiency of his work, must be approved by the board of education.

Evening play centers, whether provided by local education authorities or not, must conform to the regulations and standards of the board.

## GRANTS.

*To local education authorities.*—Grant to local education authorities will depend to some extent not only upon their having performed their duties under the education acts, having complied with the regulations of the board, and having supplied punctually such information and returns as the board requires, but also upon the adequacy and efficiency of the provision made in regard, among other things, to local needs and circumstances, coordination of arrangements for promoting the healthy physical and mental development of children, and also of such arrangements with any provision made by the sanitary authorities or other agencies, and to economical administration.

*To special schools.*—Grant to special schools will be based on average attendance. For open-air schools, the grant based on average attendance will be larger than in other special schools, because the children in the open-air schools, by reason of their physical condition, are likely to derive special benefit from attendance at these schools.

The curricula of special schools are given in detail, as are also the qualifications of the staff of these schools.

The building regulations of special schools are carefully defined, and the rules relating to the boarding out of blind, deaf, mentally defective, or epileptic children are clearly set forth. The notification of mentally deficient children to the local authorities is covered fully by special regulations.

## EVENING PLAY CENTERS.

*To evening play centers not provided by local education authority.*—Grant will be based on the work done and the payments made during that year.

## DEATHS DURING WEEK ENDED FEB. 26, 1921.

*Summary of information received by telegraph from industrial insurance companies for week ended Feb. 26, 1921. (From the "Weekly Health Index," Mar. 1, 1921, issued by the Bureau of the Census, Department of Commerce.)*

Policies in force.....	45,313,013
Number of death claims.....	8,095
Death claims per 1,000 policies in force, annual rate.....	9.3